

# Reportable Transaction Disclosure Statement

OMB No. 1545-1800

- **Attach to your tax return.**  
► **See separate instructions.**

Attachment  
Sequence No. **137**

Name(s) shown on return \_\_\_\_\_ Identifying number \_\_\_\_\_

Number, street, and room or suite no. \_\_\_\_\_

City or town, state, and ZIP code \_\_\_\_\_

**A** Enter the form number of the tax return that this form is attached to . . . . .  
Enter the year of the tax return with which this form is filed . . . . .

**B** Check the box(es) that apply (see instructions).

☐ Initial year filer

☐ Protective disclosure

**1a** Name of reportable transaction \_\_\_\_\_

**1b** Initial year participated in transaction \_\_\_\_\_

**1c** Tax shelter registration number (11 digits or 9 digits) \_\_\_\_\_

**2** Identify the type of reportable transaction. Check all the box(es) that apply (see instructions).

**a** ☐ Listed transaction

**d** ☐ Loss

**b** ☐ Confidential

**e** ☐ Significant book-tax difference

**c** ☐ Contractual protection

**f** ☐ Brief asset holding period

**3** If the transaction is a "listed transaction" or substantially similar to a listed transaction, identify the listed transaction (see instructions) ► \_\_\_\_\_

**4** Enter the number of transactions reported on this form . . . . . ► \_\_\_\_\_

**5** If you invested in the transaction through another entity, such as a partnership, an S corporation, or a foreign corporation, provide the information below for the entity.

**a** Name . . . . . ► \_\_\_\_\_

**b** Type of entity . . . . . ► \_\_\_\_\_

**c** Form number of tax return filed . . . . . ► \_\_\_\_\_

**d** Employer identification number (EIN) . . . . . ► \_\_\_\_\_

**6** Enter below, the name and address of each person to whom you paid a fee with regard to the transaction if that person promoted, solicited, or recommended your participation in the transaction, or provided tax advice related to the transaction. (Attach additional sheet, if necessary.)

**a** Name \_\_\_\_\_

Number, street, and room or suite no. \_\_\_\_\_

City or town, state, and ZIP code \_\_\_\_\_

**b** Name \_\_\_\_\_

Number, street, and room or suite no. \_\_\_\_\_

City or town, state, and ZIP code \_\_\_\_\_

- 7 Facts.** Describe the facts of the transaction that relate to the expected tax benefits, including your participation in the transaction. For listed transactions identified in item 2a, also provide the complete name, address, and nature of involvement of all parties to the transaction (see instructions).

- 8 Expected tax benefits.** Describe the expected tax benefits, including deductions, exclusions from gross income, nonrecognition of gain, tax credits, adjustments (or the absence of adjustments) to the basis of property, etc. (see instructions for more details).

- 9 Estimated tax benefits.** Provide a separate estimate of the amount of each of the expected tax benefits described above for each affected tax year (including prior and future years).

